

RECEIVED
CENTRAL FAX CENTER

JAN 13 2006

PATENT

Attorney Docket No. JP920010023US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Sumio MORIOKA et al.

Serial No: 10/092,407

Filed: March 6, 2002

For: SIGNAL PROCESSING METHOD,
SIGNAL PROCESSING SYSTEM, PROGRAM
FOR SIGNAL PROCESSING, AND COMPUTER-
READABLE STORAGE MEDIUM ON WHICH
THIS PROGRAM IS RECORDED

Examiner: TABONE Jr., John J.

Art Unit: 2133

CERTIFICATE OF SUBMISSION BY FACSIMILE

PTO FAX NUMBER: 571-273-8300
TOTAL NUMBER OF PAGES: 55

Dear Sir:

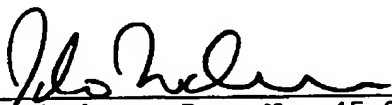
I hereby certify that the following documents are being
transmitted to the U.S. Patent and Trademark Office on the date shown
below:

1. RESPONSE TO OFFICE ACTION (23 pages);
2. FEE CALCULATION SHEET (1 page);
3. PETITION FOR EXTENSION OF TIME (1 page);
4. INFORMATION DISCLOSURE STATEMENT (2 pages);
5. FORM 1449 AND REFERENCES (27 pages); and
6. this CERTIFICATE OF SUBMISSION BY FACSIMILE (1 page).

If you did not receive all the pages, please telephone us at 718-544-1110, or fax us at 718-544-8588.

Respectfully submitted,

Dated: January 12, 2006


Idy Tuchman, Reg. No. 45,924
69-60 108th Street, Suite 503
Forest Hills, NY 11375
Telephone (718) 544-1110
Facsimile (718) 544-8588

PATENT
Attorney Docket No. JP920010023US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Sumio MORIOKA et al.

Serial No: 10/092,407

Filed: March 6, 2002

For: SIGNAL PROCESSING METHOD,
SIGNAL PROCESSING SYSTEM, PROGRAM
FOR SIGNAL PROCESSING, AND COMPUTER-
READABLE STORAGE MEDIUM ON WHICH
THIS PROGRAM IS RECORDED

Examiner: TABONE Jr., John J.

Art Unit: 2133

**RECEIVED
CENTRAL FAX CENTER**

JAN 13 2006

FEE CALCULATION SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith for filing is an amendment in the above-identified application. The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	OTHER THAN SMALL ENTITY	
	CLAIMS REMAING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	20	MINUS	23	= 3	x 50 =	\$ 150
INDEP.	4	MINUS	4	= 0	x 200 =	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ 300 =	\$
					TOTAL	\$ 150


☒ Please charge Deposit Account No. 50-0510 in the amount of \$ 150.

☐ A check in the amount of \$ _____ is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 50-0510.

Respectfully submitted,

Dated: January 12, 2006


Ido Tuchman, Reg. No. 45,924
69-60 108th Street, Suite 503
Forest Hills, NY 11375
Telephone (718) 544-1110
Facsimile (718) 544-8588